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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 09/09/2004

Henricks Slavin & Holmes LLP
Suite 200
840 Apollo Street
El Segundo, CA 90245

11/02/2004 NMEKONE1 00000115 09737176

01 FC:1501 1370.00 OP
02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09737,176	12/13/2000	Josef V. Koblish	15916-279	8413

TITLE OF INVENTION: SURGICAL PROBE FOR SUPPORTING INFLATABLE THERAPEUTIC DEVICES IN CONTACT WITH TISSUE IN OR AROUND BODY ORIFICES AND WITHIN TUMORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	12/09/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
PEFFLEY, MICHAEL F		3739	606-041000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Henricks, Slavin & Holmes LLP
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Scimed Life Systems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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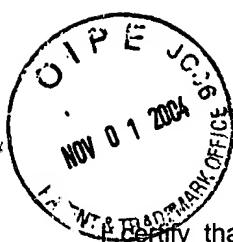
Date Oct. 26, 2004

Typed or printed name Craig A. Slavin

Registration No. 35,362

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Craig A. Slavin

PATENT

Applicant: Koblish et al.

Serial No.: 09/737,176

Filing Date: December 13, 2000

Title: Surgical Probe For Supporting Inflatable Therapeutic Devices In Contact With Tissue In Or Around A Body Orifice And Within Tumors

Group Art Unit: 3739

Examiner: Peffley

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Mail Stop – Issue Fee

Sir:

We enclose a PTOL-85 (Issue Fee Transmittal), a Fee Address Indication Form and our check for \$1,670 for payment of the issue fee and publication fee.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0638.

Respectfully submitted,

10/20/04
Date

Craig A. Slavin
Reg. No. 35,362
Attorney for Applicant

Henricks, Slavin & Holmes LLP
840 Apollo Street, Suite 200
El Segundo, CA 90245
(310) 563-1458
(310) 563-1460 (Facsimile)